MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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39						
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41						
42						
43						
44						
45						
46						
47	4					
48	1					
49						
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54						
55						
56						
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97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	6					